



Preventive Maintenance - Trucks

UNIT # _____ DATE _____
 MILEAGE _____ LAST 4 #'s OF VIN _____
 DRIVER / SERVICE TECH SIGNATURE _____

WALK AROUND

Check for Damage _____

<u>INSIDE OF TRUCK</u>		<u>OUTSIDE OF TRUCK</u>		<u>UNDER HOOD</u>		<u>UNDER TRUCK</u>	
Windshield	<input type="checkbox"/>	Headlights: Low	<input type="checkbox"/>	Oil Level	<input type="checkbox"/>	Front Tandem	<input type="checkbox"/>
Seat Belts	<input type="checkbox"/>	Headlights: High	<input type="checkbox"/>	Coolant Level	<input type="checkbox"/>	Back Tandem	<input type="checkbox"/>
First Aid Kit	<input type="checkbox"/>	ID Marker Lights	<input type="checkbox"/>	Power Steering	<input type="checkbox"/>	Airbags	<input type="checkbox"/>
Triangle Kit	<input type="checkbox"/>	Clearance	<input type="checkbox"/>	Check Belts	<input type="checkbox"/>	Check Brakes	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	Brake Lights	<input type="checkbox"/>	Exhaust Leaks	<input type="checkbox"/>	Drums	<input type="checkbox"/>
Start Truck	<input type="checkbox"/>	Signal: Left	<input type="checkbox"/>	Pitman Arm	<input type="checkbox"/>	Seals	<input type="checkbox"/>
Wipers / Washer	<input type="checkbox"/>	Signal: Right	<input type="checkbox"/>	Brake Adjustment	<input type="checkbox"/>	Check Driveline	<input type="checkbox"/>
High Beam Indicator	<input type="checkbox"/>	Hazards	<input type="checkbox"/>	Steering Column	<input type="checkbox"/>	Brake Adjustment Before:	
All Gauges Work (Y / N)		DOT Tape	<input type="checkbox"/>	Drag Link	<input type="checkbox"/>	LF_____ RF_____	
Oil Pressure _____		Mud Flaps	<input type="checkbox"/>	Spring Hangers	<input type="checkbox"/>	LR_____ RR_____	
Amperage _____		*IF NOT BRAKE CERTIFIED DO NOT ADJUST BRAKES*					

Check All Tires PSI / Thread Depth CHECK SIDEWALL FOR PROPER PSI			
Date of Manufacture	(Steer) PSI / 32nds	(F Drive Axle) PSI / 32nds	(R Drive Axle) PSI / 32nds
Left	/	Inside	/
		Outside	/
Right	/	Inside	/
		Outside	/

Comments: _____

